

My name is Fabiano Bueno and I'm a critical care nurse who has been working in the Intensive Care Unit for my entire 15 year career, and I currently work at Boston Medical Center in a mixed ICU on the Harrison campus. I am pleased to report that my facility for the most part has been honoring the new law and my assessment of patients so that patients who should be a one to one assignment are provided with that assignment. This is the law, and I support it strongly.

I am here today to speak to important next step in the law, which is the process for creating hospital specific acuity tools for nurses to use as an aide to their assessment in determining if and when he or she can accept a second patient.

I see a number of problems with your draft regulations regarding this process.

First of all, your regulations need to be very clear that the acuity tool is just that, a tool for the staff nurses to use in making their assessment. No tool can be exhaustive, and there will always be unique situations where the nurses on the unit determine a patient, because of their unique circumstances, cannot be doubled. These regs need to make clear that the nurses' assessment is the final judgment in these situations, regardless of the tool.

Second, the regs need to ensure that the committees that are formed at each hospital have a majority of members who are

frontline staff nurses, the nurses who actually care for these patients. We know what these patients need. We cannot trust management, who are too often more concerned with finances and the bottom line, to have control over a determination of acuity. This law was written specifically to avoid that influence and to focus on the needs of the patients.

Third, these committees that develop the acuity tool cannot just be advisory in nature. They must have ultimate authority to create the tool that is submitted to DPH for certification.

Finally, as a union member, I want to ensure that this process recognizes the rights of me and my colleagues to determine our working conditions and safe practices for our patients. As such, I want my union, working with me and my colleagues, to be able to select the nurses who participate in these committees, not management.

Thank you.